

HEALTH AND HUMAN SERVICES DEPARTMENT

Linda Walsh, Interim Commissioner 1000 Commonwealth Avenue Newton, MA 02459-1544



Telephone 617.796.1420 Fax 617.552.7063 TDD/TTY 617.796.1089

PUBLIC DOCUMENT REQUEST FORM

Date of Request:		-		
Residential	Commercial	Mixed Use □	Public Building / Land □	
Address / Location:				
	Please indica	te only one location per forn	n	
Establishment or Building:				
☐ Animal Permits (Residential Only)		☐ Certificate of Ha	☐ Certificate of Habitability (Residential Only)	
☐ Complaint Inspections		☐ Food borne Illne	☐ Food borne Illness Investigations	
☐ Inspection Reports		☐ License / Permit	☐ License / Permit Issued (Computer List)	
☐ Title V (Septic Systems)		☐ Well Permits (Irr	☐ Well Permits (Irrigation / Monitoring List)	
☐ Other (Be Specific):			·	
Print Name Requesting the	Information:			
Name of Company or Firm:				
Address:				
Home Phone:		Work Phone:	Work Phone:	
Cell Phone:		Fax Number:	_ Fax Number:	
Email:		@		
Signature:				
	OF	FICE USE ONLY		
Action Taken:	☐ Telephone	Response	ies Provided (Copies are \$0.25 / Page)	
Date Processed: Inspector		spector:		
Fee: \$				

Updated 5/15/14 F/Environmental Section/All PDF Email: lwalsh@newtonma.gov